

State/Territory: MINNESOTACitation4.19 Payment for ServicesSection 1903(1) (17)
of the Act

No Medical Assistance payment will be made with respect to any amount expended for items or services not covered under Minnesota's State plan.

TN No. 98-07
Supersedes
TN No. --

Approval Date JUN 25 1998 Effective Date 01/01/98

Revision: HCFA-PM-93-5 (MB)
MAY 1993

State/Territory: MINNESOTA

Citation 4.19 Payment for Services

42 CFR 447.252 (a) The Medicaid agency meets the requirements of
1902(a)(13), 42 CFR Part 447, Subpart C, and sections
1902(a)(13), 1902(e)(7), and 1923 of the Act
1923 with respect to payment for inpatient hospital
services.

ATTACHMENT 4.19-A describes the methods and
standards used to determine rates for payment
for inpatient hospital services.

x Inappropriate level of care days are
covered and are paid under the State plan
at lower rates than other inpatient
hospital services, reflecting the level of
of care actually received, in a manner con-
sistent with section 1861(v)(1)(G) of the
Act.

 Inappropriate level of care days are not
covered.

TN No. 94-01
Supersedes
TN No. 91-29

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OFFICIAL

Revision: HCFA-PM-93-6 (MB)
August 1993

OMB No.: 0938-

State/Territory: MINNESOTA

Citation

42 CFR 447.201
42 CFR 447.302
52 FR 28648
1902(a)(13)(E)
1903(a)(1) and
(n), 1920 and
1926 of the Act

4.19(b) In addition to the services specified in paragraphs 4.19(a),(d),(k),(l), and (m), the Medicaid agency meets the following requirements:

- (1) Section 1902(a)(13)(~~E~~) of the Act regarding payment for services furnished by Federally qualified health centers (FQHCs) under section 1905(a)(2)(C) of the Act. The agency meets the requirements of section 6303 of the State Medicaid Manual (HCFA-Pub. 45-6) regarding payment for FQHC services. ATTACHMENT 4.19-B describes the method of payment and how the agency determines the reasonable costs of the services (for example, cost-reports, cost or budget reviews, or sample surveys).
- (2) Sections 1902(a)(13)(E) and 1926 of the Act, and 42 CFR Part 447, Subpart D, with respect to payment for all other types of ambulatory services provided by rural health clinics under the plan.

ATTACHMENT 4.19-B describes the methods and standards used for the payment of each of these services except for inpatient hospital, nursing facility services and services in intermediate care facilities for the mentally retarded that are described in other attachments.

1902(a)(10) and
1902(a)(30) of the
Act

SUPPLEMENT 1 TO ATTACHMENT 4.19-B describes general methods and standards used for establishing payment for Medicare Part A and B deductible/coinsurance.

No. 93-27

Supersedes

TN No. 91-29

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OFFICIAL

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State MINNESOTA

Citation
- 42 CFR 447.40
AT-78-90

4.19(c) Payment is made to reserve a bed during
a recipient's temporary absence from an
inpatient facility.

☒ Yes. The State's policy is
described in ATTACHMENT 4.19-C.

☐ No.

TN #
Supersedes
TN # 78-5

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AUGUST 1987

OMB No.: 0938-0193

State/Territory: MINNESOTA

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Citation

4.19 (d)

42 CFR 447.252
47 FR 47964
48 FR 56046
42 CFR 447.280
47 FR 31518
52 FR 28141

- ☒ (1) The Medicaid agency meets the requirements of 42 CFR Part 447, Subpart C, with respect to payments for skilled nursing and intermediate care facility services.

ATTACHMENT 4.19-D describes the methods and standards used to determine rates for payment for skilled nursing and intermediate care facility services.

- (2) The Medicaid agency provides payment for routine skilled nursing facility services furnished by a swing-bed hospital. Swing-bed hospitals are also subject to State statute limitations.

☒ At the average rate per patient day paid to SNFs for routine services furnished during the previous calendar year.

☐ At a rate established by the State, which meets the requirements of 42 CFR Part 447, Subpart C, as applicable.

☐ Not applicable. The agency does not provide payment for SNF services to a swing-bed hospital.

- (3) The Medicaid agency provides payment for routine intermediate care facility services furnished by a swing-bed hospital.

☐ At the average rate per patient day paid to ICFs, other than ICFs for the mentally retarded, for routine services furnished during the previous calendar year.

☐ At a rate established by the State, which meets the requirements of 42 CFR Part 447, Subpart C, as applicable.

☒ Not applicable. The agency does not provide payment for ICF services to a swing-bed hospital.

- ☐ (4) Section 4.19(d)(1) of this plan is not applicable with respect to intermediate care facility services; such services are not provided under this State plan.

TN No. 88-66

Supersedes

TN No. 87-74 / 84-3 / 82-36

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HCFA ID: 1010P/0012P

ORIGINAL

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State MINNESOTA

Citation
42 CFR 447.45 (c)
AT-79-50

4.19 (e) The Medicaid agency meets all requirements of 42 CFR 447.45 for timely payment of claims.

ATTACHMENT 4.19-E specifies, for each type of service, the definition of a claim for purposes of meeting these requirements.

TN #
Supersedes
TN # 77-26

Approval Date 2/6/80 Effective Date 10/1/79

Revision: HCFA-PM-87-4 (BERC)
MARCH 1987

OMB No.: 0938-0193

State/Territory: MINNESOTA

Citation

42 CFR 447.15

AT-78-90

AT-80-34

48 FR 5730

4.19 (f) The Medicaid agency limits participation to providers who meet the requirements of 42 CFR 447.15.

No provider participating under this plan may deny services to any individual eligible under the plan on account of the individual's inability to pay a cost sharing amount imposed by the plan in accordance with 42 CFR 431.55(g) and 447.53. This service guarantee does not apply to an individual who is able to pay, nor does an individual's inability to pay eliminate his or her liability for the cost sharing change.

OFFICIAL

TN No. 82-22

Supersedes

TN No. 83-25

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Effective Date Apr. 1, 1987

HCFA ID: 1010P/0012P

v.2

Official

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State MINNESOTA

- Citation 4.19(g) The Medicaid agency assures appropriate
42 CFR 447.201 audit of records when payment is based on
42 CFR 447.202 costs of services or on a fee plus
AT-78-90 cost of materials.

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Supersedes
TN # 76-26

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Revision: HCFA-AT-80-60 (BPP)
August 12, 1980

State MINNESOTA 80-25

Citation
42 CFR 447.201
42 CFR 447.203
AT-78-90

4.19(h) The Medicaid agency meets the requirements
of 42 CFR 447.203 for documentation and
availability of payment rates.

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TN # 80-25
Supersedes
TN # 75-4

Approval Date 12/16/80
3-18-75

Effective Date 10/1/80
1-1-75

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May 22, 1980

State MINNESOTA

Citation
42 CFR 447.201
42 CFR 447.203
AT-78-90

4.19 (h) The Medicaid agency meets the requirements of 42 CFR 446.203 for documentation and availability of payment rates.

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Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State MINNESOTA

<u>Citation</u> 1902(a)(30)(A) 42 CFR 447.201 42 CFR 447.204 AT-78-90	4.19(i)	The Medicaid agency provides methods and procedures relating to the utilization of, and the payment for, care and services available under the State plan as may be necessary to safeguard against unnecessary utilization of such care and services. The Medicaid agency's payments are consistent with efficiency, economy, and quality of care and are sufficient to enlist enough providers so that services under the plan are available to recipients at least to the extent that those services are available to the general population in the geographic area.
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TN No. 98-11
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TN No. 79-26

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Effective Date 1/1/98

OFFICIAL

66

Revision: HCFA-PM-91-4 (BPD)
August 1991

OMB No.: 0938-

State: MINNESOTA

Citation

42 CFR 447.201 and 447.205	4.19(j)	The Medicaid agency meets the requirements of 42 CFR 447.205 for public notice of any changes in Statewide method or standards for setting payment rates.
1903(v) of the Act	(k)	The Medicaid agency meets the requirements of section 1903(v) of the Act with respect to payment for medical assistance furnished to an alien who is not lawfully admitted for permanent residence or otherwise permanently residing in the United States under color of law. Payment is made only for care and services that are necessary for the treatment of an emergency medical condition, as defined in section 1903(v) of the Act.

TN No. 91-29
Supersedes Approval Date 1-27-92 Effective Date 10-01-91
TN No. 88-84 (~~87-74, 87-37, 82-15~~)

HCFA ID: 7982E